

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

INVENTOR AND SPECIFICATION IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR MEASURING THE COLOR OF TEETH, TITLE OF INVENTION

The specification of which:

X is attached hereto.

_____ was filed on _____ as Application Serial No. _____
and was amended on _____ (*if applicable*).

_____ was described and claimed in PCT International Application No. _____
filed on _____ and amended under PCT Article 19 on _____ (*if any*).

REVIEW OF PAPERS AND ACKNOWLEDGEMENT OF DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I do not know and do not believe that the invention claimed in the above-identified specification was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, and that the same was not in public use or on sale in the United States of America more than one year prior to this application.

I acknowledge the duty to disclose to the Patent and Trademark Office information which I know is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

FOREIGN APPLICATIONS AND PRIORITY CLAIM

The invention claimed in the above-described specification has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application. I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

DOMESTIC PRIORITY CLAIM

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States patent application(s) listed below and, insofar as this application discloses or claims subject matter in addition to that disclosed in the below listed priority applications, I acknowledge the duty to disclose to the Patent and Trademark Office all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date(s) of the below-listed prior application(s) and the national or PCT international filing date of this application.

(APPLICATION SERIAL NO.)

(FILING DATE)

(STATUS: PATENTED, PENDING, ABANDONED)

(APPLICATION SERIAL NO.)

(FILING DATE)

(STATUS: PATENTED, PENDING, ABANDONED)

POWER OF ATTORNEY

I hereby appoint Alan R. Loudermilk (Reg. No. 32,788), who is registered to practice before the Patent and Trademark Office, as my attorney with full power of substitution and revocation, to prosecute this application, to make alterations or amendments therein, to receive the patent and transact all business in the Patent and Trademark Office connected therewith.

All CORRESPONDENCE should be addressed to:

Alan R. Loudermilk
1550 North Lake Shore Drive
Suite 16C
Chicago, Illinois 60610

All TELEPHONE INQUIRIES may be directed to Alan R. Loudermilk at (312) 280-5486.

09872071.060101

I hereby declare I have read this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

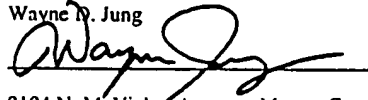
HAND PRINT DATE BEFORE SIGNING

Full name of sole or first joint inventor

Wayne N. Jung

Citizenship: United States of America

Inventor's Signature



Date: 12-31-95

Residence

9104 N. McVicker Avenue, Morton Grove, IL 60053

Post Office Address

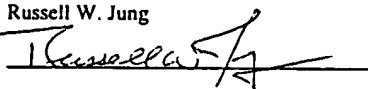
9104 N. McVicker Avenue, Morton Grove, IL 60053

Name of second joint inventor

Russell W. Jung

Citizenship: United States of America

Inventor's Signature



Date: 12-31-95

Residence

9023 N. Menard Avenue, Morton Grove, IL 60053

Post Office Address

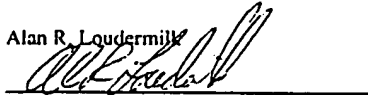
9023 N. Menard Avenue, Morton Grove, IL 60053

Name of third joint inventor

Alan R. Loudermilk

Citizenship: United States of America

Inventor's Signature



Date: 12-31-95

Residence

1550 N. Lake Shore Drive No. 16B, Chicago, IL 60610

Post Office Address

1550 N. Lake Shore Drive No. 16B, Chicago, IL 60610

Name of fourth joint inventor

Citizenship: _____

Inventor's Signature

Date: _____

Residence

Post Office Address

Name of fifth joint inventor

Citizenship: _____

Inventor's Signature

Date: _____

Residence

Post Office Address

____ If this line is checked, the signature page is continued on the attached Addendum.